MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)		SERIAL NO. 10/ 556901		FILING DATE 11·15·05	
		APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2					53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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11							61						
12							62						
13							63						
14							64						
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18							68						
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22							72						
23							73						
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26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34	1		1				84						
35							85						
36							86						
37		3					87						
38		3					88						
39		3					89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47		2					97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.				44			TOTAL DEP.						
TOTAL CLAIMS				46			TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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